

## **INSTRUCTIONS: NATURALIZATION NEW CLIENTS, CSD 087 (REV. 4/00)**

The Naturalization New Clients, CSD 087, must be used to report new clients assisted by the Contractor. A client may be reported only once during the contract term. **Once a client name is entered, the client cannot be reported again on this or subsequent forms nor can the same client be reported at any time on the Follow-Up Clients, CSD 609 (New 4/00).**

**Heading:** Enter contractor name, contract number and report period.

Enter preparer's name, direct telephone number and date.

Enter total number of applications submitted to the Immigration and Naturalization Service (INS) this report period for New Clients.

- The number inserted must equal the total number of new clients listed on this form for this report period.
- The number of new clients reported during the report period must match the number of new clients reported on the Naturalization Services Bimonthly Expenditure Report, Section 4, CSD 623.

**New Client Last Name:** Enter the new client's last name.

**First Name:** Enter the client's first name

**Middle Initial (MI):** If applicable, enter the client's middle initial.

**Date Application Submitted to INS:** Enter the date that the application was submitted to the INS for new clients.

**NOTE:** **CONTRACTOR MUST MAINTAIN A COPY OF THE APPLICATION FOR NATURALIZATION SERVICES IN THE CLIENT FOLDER.**

## **INSTRUCTIONS: NATURALIZATION FOLLOW-UP CLIENTS, CSD 609 (New 4/00)**

The Naturalization Follow-Up Clients, CSD 609, must be used to report follow-up clients assisted by the Contractor. A client may be reported only once during the contract term. **Once a client name is entered, the client cannot be reported again on this or subsequent forms.**

### **Heading:**

Enter contractor name, contract number, and report period.

Enter preparer's name, direct telephone number and date.

Enter total number of follow-up clients assisted this report period.

- The number inserted must equal the total number of follow-up clients listed on this form for this report period.
- The number of follow-up clients reported during the report period must match the number of follow-up clients reported on the Naturalization Services Program Bimonthly Expenditure Report, Section 4, CSD 623.

### **Follow-up Client**

**Last Name:**

Enter the follow-up client's last name.

**First Name:**

Enter the client's first name

**Middle Initial (MI):**

If applicable, enter the client's middle initial.

### **Date Application**

**Submitted to INS:**

Enter the date that the application was submitted to the INS for the follow-up client.

### **NOTE:**

**CONTRACTOR MUST MAINTAIN IN THE CLIENT FOLDER A COPY OF THE APPLICATION FOR NATURALIZATION THAT WAS PREVIOUSLY FILED WITH THE INS OR OTHER SUPPORTING DOCUMENTATION THAT VERIFIES THE APPLICATION WAS FILED.**

# INSTRUCTIONS: NATURALIZATION SERVICES PROGRAM BIMONTHLY EXPENDITURE REPORT

CSD 623 (Rev. 4/00)

## Heading

Complete the following: Contractor Name, Contract Number and Report Period. Enter the name and title of the person preparing the report and their direct telephone number.

Advance Request: Enter 25% of your total contract amount.

Adjustment: Check only if reporting adjustments to reports previously submitted (see below).

## Section 1: Administration Costs

Lines 1.1 through 1.9: Enter the amount expended for administrative costs for each line item.

Line 1.3 Travel (In-State) Contractor's administrative-related travel and per diem reimbursement costs shall be reimbursed based on the Contractor's policies and procedures.

Subtotal-Admin. Costs: Enter the sum of line items 1.1 through 1.9.

## Section 2: Program Costs

Lines 2.1 through 2.10: Enter the amount expended for program costs.

Line 2.1 Travel (In-State): Contractor's reimbursement rates for program-related travel shall not exceed the amounts established by the State Department of Personnel Administration rules and regulations, Section 559.619, dated July 1, 1997, and as amended from time to time.

Lines 2.5 through 2.9: Incorporate your program staff salaries and any other related program expenses to these line items.

Subtotal-Program Costs: Enter the sum of the line items for 2.1 through 2.10.

Total Actual Expenditures: Enter total expenditures for Administration and Program Costs.

## Section 3: Matching Funds Expended

If applicable, enter the total amount of matching funds expended this report period.

## Section 4: Clients Served

# of New Clients: Enter the number of new clients assisted this report period (number of applications submitted to INS). **A client may be reported only once during the contract term; i.e., once a client is reported, the client cannot be reported again on subsequent forms, nor can the same client be reported at any time as a follow-up client.**

# of Follow-Up Clients: Enter the number of follow-up clients assisted this report period (number of applications submitted to INS). **Once a client is reported, the client cannot be reported again on subsequent forms.**

Total Clients Served: Enter the total number of new and follow-up clients.

## Section 5: Advance Information

Advance Balance: Enter the unliquidated advance balance.

Advance Repayment: Enter the repayment amount to be subtracted from the advance balance this report period.

Advance Outstanding: Enter the advance outstanding by subtracting the advance repayment from the advance balance.

**Contractor's Certification:** Report must be signed and dated by authorized staff (original signature required).

**Report Adjustment:** Enter the report period to be adjusted in the appropriate box. Check the box marked Report Adjustment. Under the expenditures column, enter the adjustment amount on the applicable line items. Use plus (+) or minus (-) to the left of the adjustment amount. For example, to decrease line items -\$200.00, to increase +\$200.00.